

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>SM</i>		<i>9/19/00</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>C-Y.C.</i>	<i>JC530</i>	<i>10-24-00</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>HC</i>	<i>FL</i>	<i>05-09-00</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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16	+	✓	0
17	+	✓	0
18	+	✓	0
19	+	✓	0
20	+	✓	0
21	+	N	N
22	+	N	N
23	+	✓	0
24	+	✓	0
25	+	✓	0
26	+	✓	0
27	+	N	N
28	+	✓	0
29	+	N	N
30	+	N	N
31	+	✓	0
32	+	0	✓
33	0	✓	
34	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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